

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107537204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/					51					
2			/					52					
3			/					53					
4			/					54					
5			/					55					
6			/					56					
7			/					57					
8			22					58					
9			22					59					
10			22					60					
11			22					61					
12			22					62					
13			22					63					
14			22					64					
15			22					65					
16			/					66					
17			/					67					
18			/					68					
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29			/					79					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			4										
TOTAL DEP.			33										
TOTAL CLAIMS			37										

BEST AVAILABLE COPY